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STANDARD CERTIFICATE OF DEAT DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	TH DIVISION O		ate File No.
	aham (b) City or Town	Safford (c) Location Horris le city limits also write RUBAL) (St. & )	istrar's No
(d) Length of Stay: In Hospital or In	nstitution 12 K,	: In Community /2 /7, . In Avia	No. (or) Name of Institution) ona 28 4 5
2. Usual Residence of Deceased: (a) S		ther years, months or days)	/
(d) Street No		(If outs	nDuncan ide city limits also write RURAL ountry (Yes or No)
_	_	It Kes, which country	
	e Romey, Sr.	(b) If Veteran name war Se	curity No.
4. Sex 5 Race White [XIndian ] Negro	6. (a) Single, married, widowed or divorced	MEDICAL CERTIFICA	ATION
Male Oriental□  6. (b) Name of husband	Married   6. (c) Age of husband	20. DATE OF DEATH (Month, day and year) NO	vember 14 19 46
Ethel Call Romney	or wife, if alive 60 yrs.	TIME (Hour and minute) 7:30 P.M.	
			MATACHACA IA
7. Birthdate of deceased	5	21. I hereby certify that I attended the deceased fro	<sub>m</sub> November 14 venber 14 19 46
7. Birthdate of deceased (Month) S. AGE: Years   Months   Days	(Day)   b (Year)   )  Off less than one day	, 19 46 to No	·
S. AGE: Years   Months   Days		that I last saw him alive on November and that death occurred on the date and hour stated	vember 14 19 46 14, 1946 19
(Month)	hrsmin	that I last saw him alive on November	vember 14 19 46 14, 1946 19
S. AGE: Years Months Days  43  9. Birthplace 4-	hrsmin	that I last saw him alive on November and that death occurred on the date and hour stated Immediate cause of death.  Acute heart failure	vember 14 19 46 14, 1946 19 DURATION
S. AGE: Years Months Days  6 3 2  9. Birthplace (City, town) r cou	hrsmin	that I last saw him alive on November and that death occurred on the date and hour stated limited at a cause of death.  Acute heart failure bue to coronary occlusion causing	venber 14 19 46 14, 1946 19 1 above. DURATION
9. Birthplace (City, towner could like the like	hrsmin	that I last saw him alive on November and that death occurred on the date and hour stated Immediate cause of death.  Acute heart failure	venber 14 19 46 14, 1946 19 1 above. DURATION
S. AGE: Years   Months   Days    9. Birthplace   (City, town)    10. Usual Occupation    11. Industry or Business   Usual    2   12. Name   City   City    3   14   15   16    15   12   Name   City    16   17   18    17   18   18    18   19   19    19   19   19    10   19   19    11   19   19    12   19   19    13   19   19    14   19   19    15   19   19    16   19   19    17   19   19    18   19   19    19   19   19    10   19   19    11   19   19    12   19   19    13   19   19    14   19   19    15   19   19    16   19   19    17   19   19    18   19   19    19   19   19    10   19   19    11   19   19    12   19   19    13   19   19    14   19   19    15   19   19    16   19   19    17   19   19    18   19   19    19   19   19    10   19   19    10   19   19    11   19   19    12   19   19    13   19   19    14   19   19    15   19   19    16   19   19    17   19   19    18   19   19    19   19   19    19   19	oles ale France  Jack Romany  Jack Romany	that I last saw him alive on November and that death occurred on the date and hour stated lmmediate cause of death.  Acute heart failure Due to Coronary occlusion causing cardiac infarct.  Other conditions	venber 14 19 46 14, 1946 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace (City, towner could be some of the country of Business.  11. Industry or Business.  12. Name (City, town or country)  13. Birthplace (City, town or country)  14. Maiden Name (Annual Canal Country)	oles ale France  Jack Romany  Jack Romany	that I last saw him alive on November and that death occurred on the date and hour stated limited are cause of death.  Acute heart failure Due to Coronary occlusion causing cardiac infarct.  Other conditions (Include pregnancy within 3 months of death and hour stated limited are cardiac infarct.)	venber 14 19 46 14 19 19 19 19 19 19 19 19 19 19 19 19 19
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